

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s) /

812107

\* May be used for additional claims or amendments

CLAIMS	MOTIONS		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	10					
Total Claims	13					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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95						
96						
97						
98						
99						
100						
Total Indep	2					
Total Depend	12					
Total Claims	12					